## APPOINTED OFFICIALS TO BOARDS AND COMMISSIONS

New Member	Your Name and Position i.e. Member, Chairman, Vice Chair	
Name of Incumbent		
	Name of resigning memb	per or last to hold this position
Date Term begins	Date Term Expires	
Your contact Information	Address	
	Telephone	
(optional)	Work Tolophone	
	Work Telephone	
	Email Address	

THIS FORM MUST BE FILED WITH THE TOWN CLERK

Donna M. Anastasia, Town Clerk P. O. Box 1007 Weston CT 06883

danastasia@westonct.gov Fax: 203-222-8871